Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: WILLIAM JANES, MD 3100 TIMMONS LANE SUITE 250 HOUSTON, TX 77027	MFDR Tracking #: M4-10-5330-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: SERVICE LLOYDS INSURANCE CO Box #: 42	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

The Requestor did not submit a position statement in accordance with rule §133.307.

Amount in Dispute: $353.79

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Requestor is (again) seeking reimbursement from the Respondent for date of service January 20, 2010 in the amount of $353.79. If this is not the correct dispute, then please contact the undersigned so that the Respondent and the undersigned may prepare a proper response. Respondent reserves the right to add or supplement this response with additional information, if necessary. At the outset it should be noted that this matter was previously sent to Medical Dispute Resolution in Docket No. M4-10-3410-01. A decision was issued on the previous request on August 23, 2010. This present matter should be dismissed as it is duplicative. It is inappropriate to file a second request when dissatisfied with the decision issued. Additionally, as stated in Respondent's previous Response submitted, as of January 1, 2009, Medicare no longer reimburses for CPT Code 99241. The carrier correctly denied payment for this service per Medicare reimbursement rules. As for CPT Codes 95900 and 95904, the maximum allowable units were exceeded for each CPT Code. CMS Guidelines (see attached) only allow up to 3 units for CPT Codes 95900 and 95904. Additionally, bilateral comparison is not covered so a maximum of 3 units could be reimbursed per code on this claim. According to the Requestor's notes, only the medial and ulnar nerves were tested for both the motor and sensory nerve study so the Requestor only received reimbursement for those two nerves on this bill. The provider was properly reimbursed for both of these CPT Codes per CMS Guidelines. Wherefore, Respondent seeks a finding that this matter be dismissed as this matter has previously been decided in MDR Docket No. M4-10-3410-01. Additionally, Requestor is due no further funds as a result of its request for additional reimbursement as proper payment per the Medical Fee Guidelines has already been made to the Requestor. Respondent respectfully requests consideration of its position stated herein and would ask that this matter be dismissed as the proper payment has been made. If the Division issues any decision ordering additional reimbursement, the Respondent requests a hearing to defend its position."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
1/20/10	99241	N/A	$68.43	$0.00
1/20/10	95900	N/A	$138.78	$0.00
1/20/10	95904	N/A	$121.58	$0.00
1/20/10	99070	N/A	$25.00	$0.00
			Total Due:	$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated 2/16/2010

   - 125 – Denial/Reduction due to submission/billing error
   - RG3 – Included in another billed procedure
   - W1 – Workers' Compensation State Fee Schedule Adj
   - 505 – Maximum units exceeded, payment adjusted
   - B15 – Procedure /Service is not paid separately
   - RM7 – Invalid code for CMS payment-resubmit w/valid code

Issues

1. Did the requestor submit this dispute in accordance with rule §133.307?
2. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to rule §133.307(e)(3)(D) The Division will review the completed request and response to determine appropriate MDR action and may dismiss a request for medical fee dispute resolution if: the fee disputes for the date(s) of health care in question have been previously adjudicated by the Division. The requestor filed this dispute as a second request for medical fee dispute resolution. This fee dispute was previously adjudicated under MFDR Tracking #M4-10-3410-01.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is $0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

		11/9/10
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.